

Procter & Gamble – I.P. Division

MAY 10 2005

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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Official Patent Application Related Correspondance- United States Patent
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Fax No. 703/872-9306

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Certificate)

Fax No. 513/627-0375

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Number of Pages Including this Page: /2

- 1) PTO/SB/17 – Fee transmittal – in duplicate
- 2) PTO/SB/30 – RCE transmittal – in duplicate
- 3) Amendment – 7 pgs.
- 4) .
- 5) .

Inventor(s): Van Greet

S.N.: 10/731,937

Filed: 12/10/2003

Docket No.: CM1976C

Comments:

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PTO/SB/30 (08-03)

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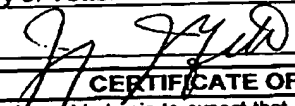
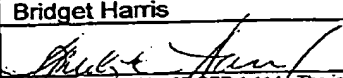
| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/731,937 |
| | Filing Date | 12/10/2003 |
| | First Named Inventor | Peter M.M. Van Geert |
| | Group Art Unit | 1734 |
| | Examiner Name | Melvin C. Mayes |
| | Attorney Docket Number | CM1976C |
| | Confirmation Number | 6673 |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- Submission required under 37 C.F.R. § 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☐ Other _____
 - Enclosed
 - ☒ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other -
- Miscellaneous**
 - ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
 - ☐ Other _____
- Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. **16-2480**.

 - ☒ RCE fee required under 37 C.F.R. § 1.17(e)
 - ☒ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - ☐ Suspension of action fee under 37 C.F.R. § 1.17(i)
 - ☐ Other -

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| NAME (Print/Type) | Jerry J. Yetter | Reg. No. (Attorney/Agent) 26,598 |
| SIGNATURE |  | DATE May 10, 2005 |
| CERTIFICATE OF MAILING OR TRANSMISSION | | |
| I hereby certify that that I have reasonable basis to expect that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office via fax number 703-872-9306 on the date shown below: | | |
| NAME (Print/Type) | Bridget Harris | |
| SIGNATURE |  | DATE May 10, 2005 |

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This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send Fees and Completed forms to the following address: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Revised for P&G use 9/3/2004)

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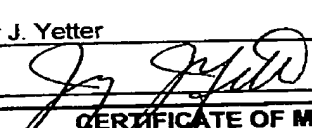
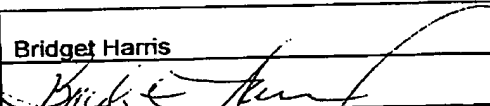
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| | First Named Inventor | Peter M.M. Van Geert |
| | Group Art Unit | 1734 |
| | Examiner Name | Melvin C. Mayes |
| | Attorney Docket Number | CM1976C |
| | Confirmation Number | 6673 |

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 - ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
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 - ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of ___ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
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 - ☐ Suspension of action fee under 37 C.F.R. 1.17(i)
 - ☐ Other -

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| NAME (Print/Type) | Jerry J. Yetter | Reg. No. (Attorney/Agent) 26,598 |
| SIGNATURE |  | DATE May 10, 2005 |
| CERTIFICATE OF MAILING OR TRANSMISSION | | |
| I hereby certify that that I have reasonable basis to expect that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office via fax number 703-872-9306 on the date shown below: | | |
| NAME (Print/Type) | Bridget Harris | |
| SIGNATURE |  | DATE May 10, 2005 |

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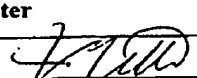
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PTO/SB/17 (12-04)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|---------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|
| FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | Complete if Known | |
| | Application Number | 10/731,937 |
| | Confirmation Number | 6673 |
| | Filing Date | 12/10/2003 |
| | First Named Inventor | Peter M.M. Van Greet |
| | Examiner Name | Melvin C. Mayes |
| | Art Unit | 1734 |
| TOTAL AMOUNT OF PAYMENT (\$ 910.00) | | Attorney Docket No. CM1976C |

| METHOD OF PAYMENT | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | | 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/> [120]</td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> <tr> <td>RCE under 37 CFR 1.17(e)</td> <td></td> <td>\$ 790</td> </tr> </tbody> </table> | | Fee Description | | Fee Paid | Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> [120] | Extension for reply within 2 nd month | (\$450) | <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,020) | <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | 37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | Non-English specification | (\$130) | <input type="checkbox"/> | Notice of Appeal | (\$500) | <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | Request for oral hearing | (\$1,000) | <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | Other: | | | RCE under 37 CFR 1.17(e) | | \$ 790 |
| Fee Description | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> [120] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$450) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,020) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$500) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | | FILING FEE | SEARCH FEE | EXAMINATION FEE | | Application Type | | | | Fee Paid | Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | FILING FEE | SEARCH FEE | EXAMINATION FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/> | | | | Extra Claims | Fee from Below | Fee Paid | Total Claims | <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> = | <input type="checkbox"/> | Independent Claims | <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> = | <input type="checkbox"/> | Multiple Dependent claims: | | <input type="checkbox"/> = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent claims: | | <input type="checkbox"/> = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (5) (\$) [910] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Jerry J. Yetter | Registration No. | 26,598 |
| Signature |  | Telephone | (513) 627-2996 |
| | | Date | May 10, 2005 |

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